FORM D

RECEIVED

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVAL	
Number:		3235-

OMB 0076 Expires: April 30, 2008 Estimated average burden hours



Name of Offering (check if this is an amendment and name has changed, and indicate chang Crosstex Energy, L.P. private offering of Senior Subordinated Series D Units representing limited	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: New Filing Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Crosstex Energy, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201	Telephone Number (Including Area Code)
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business gathering, transmission, treating, processing and marketing of natural gas and natural gas liquids	PROCESSED
Type of Business Organization corporation limited partnership, already formed other (please) limited partnership, to be formed	5
Actual or Estimated Date of Incorporation or Organization: Month Year	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02) AUS01:458507.1

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number 1 of 11

A. BASIC I	DENTIFICATION DATA				
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 					
Check Box(es) that Apply: Promoter Beneficial O	wner Executive Officer	Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual) Crosstex Energy GP, L.P.			• •		
Business or Residence Address (Number and Street, City, State,	Zip Code)	<u>-</u>			
2501 Cedar Springs, Dallas, Texas 75201	F /				
Check Box(es) that Apply: Promoter Beneficial O	wner	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Crosstex Energy GP, LLC					
Business or Residence Address (Number and Street, City, State, 2501 Cedar Springs, Dallas, Texas 75201	Zip Code)				
Check Box(es) that Apply: Promoter Beneficial O	wner	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Crosstex Holdings, L.P.					
Business or Residence Address (Number and Street, City, State, 2501 Cedar Springs, Dallas, Texas 75201	Zip Code)				
Check Box(es) that Apply: Promoter Beneficial O	wner	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Kayne Anderson Capital Advisors, L.P.					
Business or Residence Address (Number and Street, City, State, 1800 Avenue of the Stars, Second Floor, Los Angeles, California	•				
Check Box(es) that Apply: Promoter Beneficial O	wner	Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Tortoise Capital Advisors, LLC					
Business or Residence Address (Number and Street, City, State, 10801 Mastin Boulevard, Suite 222, Overland Park, Kansas 662	Zip Code) 10				
Check Box(es) that Apply: Promoter Beneficial O	wner	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Chieftain Capital Management, Inc.					
Business or Residence Address (Number and Street, City, State, 12 E. 49 th Street, Suite 14, New York, New York 10017-1028	Zip Code)				
Check Box(es) that Apply: Promoter Beneficial O	wner	☐ Director	General and/or Managing Partner		
Full Name (Last name first, if individual) Lehman Brothers Holdings Inc.			<u> </u>		
Business or Residence Address (Number and Street, City, State, 399 Park Avenue, 9th Floor, New York, New York 10022	Zip Code)				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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A. BASIC IDENTIFICATION DATA		
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or dispose securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and members. 		
Each general and managing partner of partnership issuers.		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Lehman Brothers MLP Opportunity Fund L.P.		
Business or Residence Address (Number and Street, City, State, Zip Code) 399 Park Avenue, 9 th Floor, New York, New York 10022		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)	•	
Fiduciary/Claymore MLP Opportunity Fund		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Fiduciary Asset Management, LLC, 8112 Maryland Avenue, Suite 400, Saint Louis, MI 631	05	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Citigroup Global Markets Inc.		
Business or Residence Address (Number and Street, City, State, Zip Code) 390 Greenwich Street, 3 rd Floor, New York, New York 10013		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
ING Life Insurance and Annuity Company		
Business or Residence Address (Number and Street, City, State, Zip Code) 5780 Powers Ferry Road NW, Suite 300, Atlanta, Georgia 30327-4349		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director ¹	General and/or Managing Partner
Full Name (Last name first, if individual)		
Davis, Barry E. Business or Residence Address (Number and Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer¹	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Purgason, Robert S.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
2501 Cedar Springs, Dallas, Texas 75201 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer¹	Director	☐ General and/or
Full Name (Last name first, if individual)		Managing Partner
Wales, James R.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ¹	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Lafield, Jack M.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
of Crosstex Energy GP, LLC, the general partner of the general partner of the issuer.	· · · · · · · · · · · · · · · · · · ·	
(Use blank sheet, or conv and use additional copies of this sheet	as necessary)	

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A. BASIC IDENTIFICATION DATA		
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition securities of the issuer; 		
 Each executive officer and director of corporate issuers and of corporate general and managing partner of partnership issuers. 	naging parmers o	or partnership issuers, and
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer¹	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual) Davis, William W.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Davis, Joe A.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director¹	General and/or Managing Partner
Full Name (Last name first, if individual) Best, Rhys J.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director¹	General and/or Managing Partner
Full Name (Last name first, if individual) Burke, Frank M.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director ¹	General and/or Managing Partner
Full Name (Last name first, if individual) Crain, James C.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director¹	General and/or Managing Partner
Full Name (Last name first, if individual) Lawrence, Bryan H.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director¹	General and/or Managing Partner
Full Name (Last name first, if individual) Lubar, Sheldon B.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	☑ Director¹	General and/or Managing Partner
Full Name (Last name first, if individual) Martin, Cecil E.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
of Crosstex Energy GP, LLC, the general partner of the general partner of the issuer. (Use blank sheet, or copy and use additional copies of this sheet,	as necessary.)	

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AUS01:458507.1

A. BASIC IDENTIFICATION	N DATA	
 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the pas Each beneficial owner having the power to vote or dispose, or direct the vo securities of the issuer; Each executive officer and director of corporate issuers and of corporate ge Each general and managing partner of partnership issuers. 	ete or disposition of, 10% or mo	
Check Box(es) that Apply: Promoter Beneficial Owner Executiv	ve Officer Director ¹	General and/or Managing Partner
Full Name (Last name first, if individual) Murchison, Robert F.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
	ve Officer	General and/or Managing Partner
Full Name (Last name first, if individual) Vann, Kyle D.		
Business or Residence Address (Number and Street, City, State, Zip Code) 2501 Cedar Springs, Dallas, Texas 75201		
	ve Officer	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executiv	ve Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		<u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executiv	ve Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executive	ve Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executiv	ve Officer Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: Promoter Beneficial Owner Executiv	ve Officer	General and/or Managing Partner
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
of Crosstex Energy GP, LLC, the general partner of the general partner of the is (Use blank sheet, or copy and use additional copies		

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					B	. INFO	RMATIC	N ABO	UT OFF	ERING					
							Yes	No							
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE							\boxtimes								
2.	What is th	e minimi	ım invest	ment that						_			·······	\$ N/A	
														Yes	No
3.					_	_									\boxtimes
4.	commission of the commission o	on or sim n to be list list the na	ilar remu sted is an ime of the	neration associate e broker e	for solic ed person or dealer.	itation of or agen If more	f purchase t of a bro than five	ers in cor ker or de e (5) pers	nnection aler regis ons to be	with sale stered with listed ar	s of secu th the SE	rities in t C and/or	lirectly, ar the offering with a sta ons of such	g. te	
Ful	ll Name (La	st name i	irst, if in	dividual)											
Bu	siness or Re	sidence /	Address (Number	and Stree	t, City, S	tate, Zip	Code)							
Nai	me of Asso	ciated Br	oker or D	ealer											
Sta	tes in Whic	h Person	Listed H	as Solicit	ed or Inte	nds to S	olicit Pur	chasers					·		
	(Check "A	Il States'	or check	individu	al States)								🗆 A	All States
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Ful	I Name (La				IA	OI	VI	VA	WA	[W V]	MI	MI	PR		
Bus	siness or Re	sidence A	Address (Number a	and Stree	t, City, S	tate, Zip	Code)							
Nai	me of Assoc	iated Bro	oker or D	ealer											
Sta	tes in Whic	h Person	Listed H	as Solicite	ed or Inte	nds to S	olicit Puro	chasers							
	(Check "A	Il States'	or check	individu	al States)	• • • • • • • • • • • • • • • • • • • •			•••••		•••••••		🔲 A	Il States
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Dus	siliess of Ke	sidelice A	tuuiess (Number a	iiid Siree	i, City, S	iaie, Zip (code)							
Nar	me of Assoc	iated Bro	ker or D	ealer		•									
Stat	tes in Whicl (Check "A														II States
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	MT	NE	NV	NH	LN LN	NM	NY	NC	ND	ОН	OK	OR	PA		
	RI	SC	SD	TN	TX	UT	VT	VA	AW	WV	MI	WY	PR		

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	S AND USE OF PROC	EEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total ar already sold. Enter "0" if answer is "none" or "zero." If the transaction is an excludering, check this box and indicate in the columns below the amounts of the securifiered for exchange and already exchanged.	hange		
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$	\$	
	Equity	\$	\$	
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants) The Series D Units are convertible			
	into Common Units of the Issuer	\$	\$	
	Partnership Interests Other (Specific	\$ 100,000,048.43		100,000,048.43
	Other (Specify)	\$	- \$ -	<u> </u>
	Total	\$ 100,000,048.43	\$ _	100,000,048.43
	Answer also in Appendix, Column 3, if filing und	er ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased secuin this offering and the aggregate dollar amounts of their purchases. For offerings Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zer	under egate		
		Number of Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	9	\$_	100,000,048.43
	Non-accredited Investors		\$ _	
	Total (for filings under Rule 504 only)		\$ _	
	Answer also in Appendix, Column 4, if filing under			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested a securities sold by the issuer, to date, in offerings of the types indicated, in the twelve months prior to the first sale of securities in this offering. Classify securities by type list Part C - Question 1.	e (12) ted in		
	Type of Offering	Type of Security		Dollar Amount
	Rule 505	Security	¢	Sold
	Pagulation A		-	
	Pule 504		- š-	
	Total		- š-	
	1001	· · · · · · · · · · · · · · · · · · ·		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of issuer. The information may be given as subject to further contingencies. If the amount an expenditure is not known, furnish an estimate and check the box to the left of estimate.	of the unt of		
	Transfer Agent's Fees	П	\$	
	Printing and Engraving Costs	┌	\$	
	Legal Fees	$\overline{\boxtimes}$	\$ _	50,000
	Accounting Fees		\$ _	
	Engineering Fees		\$ _	
	Sales Commissions (specify finders' fees separately)		\$_	~
	Other Expenses (identify)	<u> </u>	\$ <u>_</u>	50.000
	Total	K)	3	50,000

C. OFFERIN	G PRICE, NUMBER OF INVESTORS, EXPE	ENSES AND USE OF PROC	CEEDS			
 b. Enter the difference between Question 1 and total expenses difference is the "adjusted gross 	the aggregate offering price given in response to furnished in response to Part C — Question proceeds to the issuer."	to Part C — 1 4.a. This				
			\$ <u>99,950,048.4</u> 3			
used for each of the purposes she estimate and check the box to the	e adjusted gross proceeds to the issuer used or pro own. If the amount for any purpose is not known he left of the estimate. The total of the payments ds to the issuer set forth in responses to Part C —	i, furnish an				
		Payments to Officers, Directors & Affiliates	Payments to Others			
Salaries and fees		s	_ 🗆 \$			
Purchase of real estate		□ \$				
Purchase, rental or leasing and	installation of machinery and equipment	S	_ 🗆 \$			
	t buildings and facilities		_ 🗆 \$			
Acquisition of other businesses involved in this offering that m	(including the value of securities ay be used in exchange for the					
Panayment of indebtedness	assets or securities of another issuer pursuant to a merger) Repayment of indebtedness \$					
Working capital		U •	_ ⋈ ३ <u>७४,५३०,०१४.</u> ५३			
Other (specify):	L •	- 🗔 🕽				
- · · · · · · · · · · · · · · · · · · ·			□ \$ □ \$ <u>99,950,648</u> .43			
Total Payments Listed (column	totals added)	↓ ■ 9.9 ⊘	1950,048.43			
void ray month biblion (continu		\Q 3 <u>\ \ \</u>	150,040.73			
· · · · · · · · · · · · · · · · · · ·	D. FEDERAL SIGNATURI					
ollowing signature constitutes an und	e to be signed by the undersigned duly authorized dertaking by the issuer to furnish to the U.S. Secu by the issuer to any non-accredited investor pursue.	rities and Exchange Commiss	ion, upon written request			
ssuer (Print or Type)	Signature	Date				
Crosstex Energy, L.P.	Crosstex Energy, L.P. April 4, 2007					
Name of Signer (Print or Type)	Title of Signer (Print or Type)		· · · · · · · · · · · · · · · · · · ·			
oe A. Davis	Executive Vice President, General Co general partner of Crosstex Energy G	ounsel and Secretary of Crossto P. L.P., the general partner of	ex Energy GP, LLC, the Crosstex Energy, L.P.			
	ATTENTION					
Intentional misstaten	nents or omissions of fact constitute federal cr	iminal violations. (See 18 U	.S.C. 1001.)			

END